Scoring sheet for		
APPLICATION TO PURCHASE FIRE VEHICLE		
JURISDICTION (NAME & ADDRESS):	FIRE CHIEF OR DESIGNATED REPRESENTATI	VE:
NAME	NAME	
NAME	NAME	
STREET ADDRESS	TITLE	
, CA	CONTACT PHONE #: ()	
CITY COUNTY ZIP		
PLEASE CHECK ONE BOX FOR EACH OF THE FOLLOW	ING TEN QUESTIONS:	OFFICE USE ONLY
1. APPLICANT'S JURISDICTION IS PRIMARILY:	☐ RURAL AREA ☐ URBAN AREA	
2. APPLICANT'S JURISDICTION ENCOMPASSES THE	☐ 1 TO 5,000	
FOLLOWING NUMBER OF PEOPLE:	5,001 TO 10,000	
	☐ 10,001 TO 20,000 ☐ OVER 20,000	
3. APPLICANT CURRENTLY HAS THE FOLLOWING	☐ 0 TO 2	
NUMBER OF FIRE ENGINES IN SERVICE:	☐ 3 TO 5	
	│	
4. TYPE OF AGENCY PROVIDING FIRE PROTECTION	□ VOLUNTEER FIRE COMPANY (H&S Code	
SERVICE:	14825) FIRE DISTRICT - All Volunteer	
If "other", please specify:	FIRE DISTRICT - All Volunteer	
	☐ FIRE DISTRICT - All Paid	
5. DOES APPLICANT HAVE THE ABILITY TO	☐ OTHER ☐ YES	
ADEQUATELY SERVICE AND MAINTAIN THE VEHICLE?	□ NO	
6. DOES APPLICANT HAVE FACILITIES TO HOUSE THE VEHICLE?	☐ YES ☐ NO	
7. APPLICANT'S REVENUE SOURCE IS:	☐ TAX SUPPORTED	
If non-tax supported, please explain funding mechanism for generating revenue:	☐ NON-TAX SUPPORTED	
8. METHOD OF PAYMENT:	☐ CASH PURCHASE	
	☐ FINANCING THROUGH OES	
NOTICE TO APPLICANT:		
Submission of this application to the California Emergency Management Agency confers no commitment on either the applicant or the California Emergency Management Agency to purchase or sell any vehicle.		
BY:Fire Chief or Designated Representative	DATE:	
SEND COMPLETED APPLICATION TO: California Emergency Management Agency Fire and Rescue Branch 3650 Schriever Avenue		
Mather, CA 95655		